Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



# Office of MaineCare Services Value-Based Purchasing

pcp-network-services.dhhs@maine.gov

## MaineCare Primary Care Plus (PCPlus)

## **Provider Interest Form, 2021**

PCPlus, formerly referred to as Primary Care 2.0, is MaineCare's new value-based payment model designed to support care delivery in primary care. PCPlus will replace three of MaineCare's current primary care programs (Primary Care Case Management, PCPIP, and Health Homes) with a single, integrated program and give Primary Care Providers (PCPs) greater flexibility and incentives to effectively meet MaineCare members' health care needs. PCPlus transitions away from a volume-based (fee-for-service) payment system that has little connection to value, toward an approach that provides Population-Based Payments (PBPs) tied to cost- and quality-related outcomes.

Participation in PCPlus is voluntary. MaineCare will provide participating PCPs with:

- A new value-based payment model
- Quality and utilization data
- Technical assistance to help practices transform care delivery and achieve performance outcomes.

By completing this Interest Form, you will provide MaineCare with information on your primary care practices' characteristics and service capabilities. Upon formal adoption of the PCPlus program, MaineCare will use this information to pre-populate an application to the PCPlus program for your practice. Completing this form and submitting as many required documents as possible by November 1, 2021 will ensure your practice can begin participating in PCPlus in a timely manner. Should additional information be necessary before PCPlus implementation, MaineCare will contact you directly.

Thank you for your interest in MaineCare's PCPlus program. To learn more about this initiative, please visit <a href="https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/primary-care">https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/primary-care</a> or email the Value-Based Purchasing unit at PCP-Network-Services.DHHS@maine.gov.

Value-Based Purchasing Unit

#### Office of MaineCare Services

# To note when providing information:

\*PLEASE NOTE THAT THIS PROGRAM IS FOR PRIMARY CARE PRACTICES ONLY. Practices with more than one location must complete a separate interest form for each location. If you have questions about whether you should complete this Interest Form, please email the Value-Based Purchasing unit at: PCP-Network-Services. DHHS@maine.gov

# **Practice Information**

Public-facing practice name: (practice name that is known to the general public)

Is this primary care office currently a MaineCare enrolled provider location? (If "No", please DO NOT CONTINUE with the application and contact Provider Relations Specialist Shannon Beggs at Shannon.M.Beggs@maine.gov or at (207) 624-4012 for information about enrolling as a

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der.)
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completing the application:
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f person completing the application:
+3: (Note: NPI+3 is the National Provider Identifier plus the MaineCare 3-digit you are unsure of your NPI+3, please contact your billing office or your providessor.)
Address:
umber:
nimum and maximum ages this practice serves for primary care?
viders available at this practice (select all that apply):
amily Medicine
eneral Practice

Internal Medicine

your provider

•	Pediatrics
-	Geriatrics
-	Obstetrician/Gynecologist
-	Other (Please specify)
PCPlus :	<u>Services</u>
	indicate whether your practice team's current or planned participation in the followinges (please check all that apply):
Partner needs.	s with members and care team members to create care plans that support members'
	Yes, the practice does this currently Plans to do this prior to PCPlus implementation No, the practice does not do this No, and this practice does not plan to do this under PCPLus
dischar	s in bi-directional coordination with external care coordinators, case managers, ge planners, or care team of the member, as determined appropriate by the needs of mber, to support the member's care goals.
	Yes, the practice does this currently Plans to do this prior to PCPlus implementation No, the practice does not do this Does not plan to do this under PCPLus
Detern	cts members to needed assessments including, but not limited to, Medical Eligibility nination (MED) assessments for long-term care needs. (For more information on MED, visit: <a href="https://www.maine.gov/dhhs/oads/providers/medical-eligibility-determination">https://www.maine.gov/dhhs/oads/providers/medical-eligibility-determination</a> )
_ _ _	Yes, the practice does this currently Plans to do this prior to PCPlus implementation No, the practice does not do this Does not plan to do this under PCPLus
pediatri	s member care transition services between healthcare providers and settings, including ic-to-adult care, to ensure continuity of care and reduce emergency department (ED) I inpatient admissions, readmissions, and lengths of stay.
	Yes, the practice does this currently

	Plans to do this prior to PCPlus implementation  No, the practice does not do this
Ensures t develops screening	Does not plan to do this under PCPLus  the provision of age-appropriate screenings, delivers screening-related services, and s follow-up plans based on results, including but not limited to required blood lead level g for all children at one year of age and two years of age per Maine Public Law, n Academy of Pediatrics/Bright Futures recommended screenings.
	Yes, the practice does this currently Plans to do this prior to PCPlus implementation No, the practice does not do this Does not plan to do this under PCPLus
Diagnos informa	the practice understands when and how to request Early and Periodic Screening, sis, and Treatment (EPSDT) benefits for children under the age of 21. (For more ation regarding EPSDT, please visit:  (www.maine.gov/dhhs/oms/providers/childrens-services.)
	Yes, the practice does this currently Plans to do this prior to PCPlus implementation No, the practice does not do this Does not plan to do this under PCPLus
Offers a	semiannual oral health risk assessment for Members under age three (3)
<u> </u>	Yes, the practice does this currently Plans to do this prior to PCPlus implementation No, the practice does not do this Does not plan to do this under PCPLus
	in annual oral health risk assessment for Members aged three (3) or older who have n a dentist in the past year.
	Yes, the practice does this currently Plans to do this prior to PCPlus implementation No, the practice does not do this Does not plan to do this under PCPLus
Offers to	opical fluoride varnish for Members under age 21.
<b></b>	Yes, the practice does this currently

•	r to PCPlus implementation
☐ No, the practice do	
☐ Does not plan to do	this under PCPLus
Disease Control and Prever	unizations to each member in accordance with the Centers for tion/ Advisory Committee on Immunization Practices immunization ation, please visit: <a href="https://www.maine.gov/dhhs/mecdc/infectious-x.shtml">https://www.maine.gov/dhhs/mecdc/infectious-x.shtml</a> )
<ul><li>☐ Yes, the practice do</li><li>☐ Plans to do this prio</li><li>☐ No, the practice do</li><li>☐ Does not plan to do</li></ul>	r to PCPlus implementation es not do this
Force (USPSTF) recommend USPSTF recommendations,	als for all MaineCare covered United States Preventive Services Task dations with a Grade of A or B. (For more information regarding the please visit: <pre>ervicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-</pre>
recommendations <u>)</u>	
<ul><li>□ No, the practice do</li><li>□ Does not plan to do</li></ul>	r to PCPlus implementation es not do this
Yes, the practice do	es this currently r to PCPlus implementation es not do this
Offers or refers to advance may benefit from this servi	d care planning and palliative care consultation for members who
<ul> <li>Yes, the practice do</li> <li>□ Plans to do this prio</li> <li>□ No, the practice do</li> <li>□ Does not plan to do</li> </ul>	r to PCPlus implementation es not do this

Is your practice willing to submit a de-identified example of a care plan that has both clinician and patient action plans to <a href="PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a> at time of form submittal (recommended), or, no later than 11/1/2021? (Note: This date may be adjusted based on the program implementation date.)

- a. Yes
- b. No

Is your practice willing to submit a shared-decision making aid the practice uses when creating care plans to <a href="PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a> at time of form submittal (recommended), or, no later than 11/1/2021? (Note: This date may be adjusted based on the program implementation date.) For an example of a shared-decision making aid, please visit: <a href="https://carethatfits.org/depression-medication-choice/">https://carethatfits.org/depression-medication-choice/</a>.

- a. Yes
- b. No

## **Practice Characteristics**

Please indicate what developer and version of certified Electronic Health Record (EHR) your practice is currently using. (Information about certified EHRs can be found at: <a href="https://chpl.healthit.gov/#/search">https://chpl.healthit.gov/#/search</a>)

Please indicate what type of 24/7 coverage your practice currently has for patients:

- a. An answering service contacts the site or covering MaineCare provider
- b. An answering machine directs patients to call a covering MaineCare provider
- c. Call forwarding to the PCP or a covering MaineCare provider
- d. N/A, this practice does not currently offer any of the above listed options for 24/7 coverage for patients

Does your practice commit to participate in MaineCare PCPlus Technical Assistance (TA) and quality improvement initiatives?

- a. Yes
- b. No

Is your practice willing to submit a completed assessment of the PCP's Behavioral and Physical Health Integration progress and identify an area of focus for the following twelve- (12) month period to <a href="PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a> at time of form submittal (recommended), or, no later than 11/1/2021? (Note: This date may be adjusted based on the program implementation date.) You can find the approved assessment here: <a href="https://integrationacademy.ahrq.gov/sites/default/files/2020-07/8 MEHAF SSA.pdf">https://integrationacademy.ahrq.gov/sites/default/files/2020-07/8 MEHAF SSA.pdf</a>. Please note, this may be requested annually as part of PCPlus.

- a. Yes
- b. No

Please select the entity that your practice's current Patient Centered Medical Home (PCMH) accreditation is through: (if "other", please provide the name of the entity)

- a. National Committee for Quality Assurance (NCQA)
- b. The Joint Commission
- c. Accreditation Association for Ambulatory Health Care (AAAHC)
- d. Other \_\_\_\_\_
- e. N/A, we do not have PCMH accreditation

If accredited, is your practice willing to send proof of accreditation to <a href="PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a> at time of form submittal (recommended), or, no later than 11/1/2021? (Note: This date may be adjusted based on the program implementation date.)

- a. Yes
- b. No

Are you an approved Primary Care First Practice through the Centers for Medicare and Medicaid Innovation?

- a. Yes
- b. No

Does your practice conduct a standard, routine assessment, or screening to identify health-related social needs of patients and use the results to make necessary referrals?

- a. Yes
- b. No, but we plan to conduct prior to PCPlus implementation date.
- c. No

Does your practice currently have a contract with HealthInfoNet (HIN)? (To find out if you have this agreement or to initiate a HIN contract, please contact HealthInfoNet at 207-541-9250 and choose option #3, or email customer service at <a href="mailto:customercare@hinfonet.org">customercare@hinfonet.org</a>)

- a. Yes, we have a view-only connection (i.e., you have access to the Clinical Portal but do not share data with the HIE)
- b. Yes, we have a bi-directional connection (i.e., you have access to the Clinical Portal and share data with the HIE) (If yes, MaineCare and/or HIN will connect with you in fall 2021 to discuss whether your organization is submitting the necessary data elements to support clinical quality measurement in the Accountable Communities program, when applicable.)

- No, we do not have access to HIN but plan to establish a connection. (MaineCare and/or HIN will connect with you in Fall 2021 to discuss your progress on this connection.)
- d. No, we do not have access to HIN

Does your practice have a current documented relationship (e.g., Memorandum of Understanding or practice agreement) with at least one Behavioral Health Home Organization? (To find a list of Behavioral Health Home providers, please visit <a href="https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes">https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes</a>).

- a. Yes
- b. No
- c. No, but plan to prior to PCPlus implementation date
- d. No, but we would like VBP to assist in connecting us with a BHH

If "yes" above, please specify the Behavioral Health Home Organization(s) with which you have a documented process for coordination with (example: MOU):

Please choose which option applies to your practice regarding MAT services:

- a. Offers Medication for Addiction Treatment (MAT) services in alignment with American Society for Addiction Medicine guidelines for appropriate level of care
- b. Has a cooperative referral process with specialty behavioral health providers including a mechanism for co-management for the provision of MAT as needed.
- c. Co-located with a MAT provider.
- d. None of the above.

Does your practice maintain processes and procedures to initiate and coordinate care with a Community Care Team (CCT) for members with high needs? (To learn more about Community Care Teams, please visit: <a href="https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes">https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes</a>)

- a. Yes
- b. No
- c. No, but plan to prior to PCPlus implementation date
- d. No, but we would like VBP to assist us in connecting with a CCT

If "yes" above, please specify what CCT you are currently working with:

Does your practice offer telehealth for office visits?

a. Yes

b. No

Does your practice offer telehealth for non-office visit support/outreach?

- a. Yes
- b. No

Does your practice include MaineCare members and/or their families in advisory activities to identify needs and solutions for practice improvement? (For example: Holding advisory meetings or focus groups with patients, including patients that have experience with MaineCare, resulting in recommendations to the organization for improvements.) \*Please be advised, solely collecting patient experience data without inclusion of members/families in synchronous engagement activities would NOT qualify. (Question language updated on 9/18/2021 for clarity)

- a. Yes
- b. No

Is your practice willing to submit a completed environmental scan to <a href="PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a> at time of form submittal (recommended), or, no later than 11/1/2021? (Note: This date may be adjusted based on the program implementation date.) This scan will establish the demographics and unique needs of your MaineCare members and identify and describe Community Health Worker (CHW) services currently offered through community-based organizations and providers within your service area(s). The scan will also identify and describe community-based organizations that may be interested in and qualified for delivering these services to the identified population(s) of Members.

- a. Yes
- b. No
- c. Yes, with technical assistance from VBP on completing this

Is your practice willing to ensure the provision of community-based CHW services that are aligned with best practices for the identified population(s) of MaineCare members at the practice through contracting with a community-based organization (preferred) or employing a CHW through the health system (e.g. the PCP, contracting CCT, and/or associated AC)? Note: This provision of services must be initiated no later than one year after the PCPlus effective date.

- a. Yes
- b. No

Does your practice participate in the MaineCare Accountable Communities (AC) program? (To learn more about the Accountable Communities program, please visit:

https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/accountable-communities)

- a. Yes
- b. No

If your practice is part of an Accountable Community, does your practice agree to submit a Joint Care Management and Population Health Strategy to the Department every year, and to <a href="PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a> at time of form submittal (recommended), or, no later than 7/31/2022? (This is a written three-year plan, updated annually, which describes operational and financial coordination across the PCPlus practice, the AC, and any Community Care Team, that is contracted with the AC and/or the PCPlus practice.)

- a. Yes
- b. No

This concludes the PCPlus interest form for 2021. After clicking "Submit", you will be re-directed to a confirmation page. You will also receive a confirmation email with a copy of what you submitted at the email address you provided at the beginning of this form. In that email, you will have a link to edit your answers, if necessary. Please send all documents requested to <a href="PCP-Network-Services.DHHS@maine.gov">PCP-Network-Services.DHHS@maine.gov</a> when submitting the Interest Form, if able. Otherwise, please submit all documents requested NO LATER THAN November 1, 2021 (no later than 7/31/2022 for the Joint Care Management and Population Health Strategy). The Value-Based Purchasing Unit will reach out to providers to confirm information submitted is accurate, closer to implementation of the program.

Again, completing this form and submitting as many required documents as possible to the email above by November 1, 2021 will ensure your practice can begin participating in PCPlus in a timely manner. Thank you again for your interest in the MaineCare PCPlus program.